Substitute form 1449/PTO							Complete if Known					
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STATEMENT BY APPLICANT							Application Number UNKNOW			/N		
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						First Named Inventor	J	JOEL H. SCHOPP				
						Group Art Unit	U	UNKNOWN				
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Examiner Signature		/P	Bake	r/ (05	/30	/2006)	Date Con	sidered				

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.